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Maureen Golob
Maureen Golob

HOWREY SIMON ARNOLD & WHITE, LLP

Box No. 34

301 Ravenswood Avenue

Menlo Park, CA 94025

(650) 463-8100

FORM PTO-1083

Attorney Docket No. 11533.0024.NPUS00

In re application of: Douglas ALLARD

Application No.: 10/053,978

Filed: January 18, 2002

For: CHITOSAN ENHANCED DEWATERING BAG

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

1. PTO Form 1083 Transmittal;
2. Response to Office Action Dated June 12, 2003;
3. Petition for Extension of Time Under 37 C.F.R. § 1.136;
4. Check for \$475.00; and
5. Return Receipt Postcard.

The claim fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		Or	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total Claims	26	MINUS	20	= 6	x 9 =	\$ 54.00		x 18 =	\$ 00.00
Indep. Claims	4	MINUS	3	= 1	x 40 =	\$ 40.00		x 80 =	\$ 00.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135 =	\$ 00.00		+ 270 =	\$ 00.00
					Total Addit. Fee	\$ 94.00	Or	TOTAL	\$ 00.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

xx Please charge my Deposit Account No. 08-3038 in the amount of \$94.00 referencing docket number 11533.0024.NPUS00. A duplicate copy of this sheet is attached.

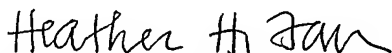
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xx The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 08-3038 referencing docket number 11533.0024.NPUS00. A duplicate copy of this sheet is attached.

xx Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.

xx Any patent application processing fees under 37 CFR § 1.17.

Date: December 12, 2003


Heather H. Fan (Reg. No. 51,664)
Glenn W. Rhodes (Reg. No. 31,790)
HOWREY SIMON ARNOLD & WHITE, LLP
Box 34
301 Ravenswood Avenue
Menlo Park, CA 94025
(650) 463-8100